Summary of Medical Plan Benefits

This table summarizes the principal benefit provisions for each of the City of Riverside's medical benefits plans:

	Kaiser HMO
Benefit Provision	***HMO Benefits***
Plan Year Deductible	None
Lifetime Maximum	Unlimited
Annual Out-of-Pocket Maximum	$1,500 per member (up to $3,000 per family)
Hospitalization	Covered at 100%
Inpatient Surgery	Covered at 100%
Outpatient Surgery	Covered at 100%
Physician Charges for Hospital Care & Surgery	Covered at 100%
Emergency Room	Covered at 100% after $35 copay per visit (copay waived if admitted as an inpatient)
Physician Office Visits	Covered at 100%
Outpatient X-Ray & Laboratory	Covered at 100%
Prenatal Doctor Visits	Covered at 100%
Elective Abortions	Covered at 100%
Sterilization for Females	Covered at 100%
Sterilization for Males	Covered at 100%
Infertility Diagnosis/Testing	Covered at 100%; includes artificial insemination services, but not services/supplies related to procurement and storage of donor semen or eggs (excludes all other means of artificial conception)
Adult Physical & Routine Well-Baby Care	Covered at 100%
Immunizations	Covered at 100%
Health Screenings (i.e., PAP tests, mammograms, prostate cancer screenings)	Covered at 100%

	Kaiser HMO
Benefit Provision	***HMO Benefits***
Prescription Drugs— **Member Pharmacies**	Covered at 100% after $5 copay if provided in accord with Kaiser formulary at Plan Pharmacies for up to 100-day supply; Oral/implanted contraceptives covered at 100% after $5 copay for 3-month/3-cycle supply; ***For members of the IBEW bargaining unit, prescription drug benefits are as stated above except that the copay per prescription is $1 instead of $5***
Prescription Drugs— **Non-Member Pharmacies**	Not Covered
Rehabilitative Care (i.e., physical therapy, chiropractic services, occupational therapy, or speech therapy)	Covered at 100% (includes chiropractic services)
Acupuncture	Not covered
Vision or Hearing Screenings	Refractive eye exams covered at 100% (no coverage for lenses, frames, or contacts) Hearing exams to determine need for hearing correction covered at 100% (no coverage for hearing aids)
Inpatient Detoxification Treatment	Covered at 100%
Inpatient Mental Health and Chemical Dependency Treatment	Covered at 100% up to 45 days per calendar year for inpatient mental health only
Outpatient Mental Health and Chemical Dependency Treatment	Covered at 100% for up to 20 individual/group therapy mental health visits per calendar year (members meeting Medical Group criteria may receive up to 20 additional group therapy visits in the same calendar year) Outpatient chemical dependency visits covered at 100% with no visit limitation
Skilled Nursing Facilities	Covered at 100% for up to 100 days in a “benefit period” Benefit period begins on admission date to hospital or SNF and ends on date when patient has not been an inpatient for 60 consecutive days.

	Kaiser HMO
Benefit Provision	***HMO Benefits***
Hospice Care	Covered at 100%
Home Health Care	Covered at 100% within plan Service Area only if substantially confined to home and Plan Physician determines it is feasible; excludes custodial care and homemaker services and supplies
Durable Medical Equipment	Covered at 100% in accord with plan's DME formulary guidelines (plan decides between rental or purchase and chooses vendor)
Prosthetic Devices	Covered at 100% (limited to standard device that adequately meets needs); plan selects vendor; excludes items such as eyeglasses, hearing aids, dental appliances, shoes/arch supports, etc.
Ambulance	Covered at 100% when medically necessary